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**CONFIDENTIAL ATTORNEY-CLIENT  
PRIVILEGED COMMUNICATION**

Date: JANUARY 7, 2004

To: EXAMINER JAMES C. CLINGER  
U.S. PATENT AND TRADEMARK OFFICE  
Fax #: (703) 872-9319

From: FRANK C. NICHOLAS  
Fax #: (847) 424-2521

Client/Matter No.: GB 010034 (7790/245)

# of Pages: ~~30~~ 50  
(including cover sheet)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filings)

Attorney Docket No	GB 010034 (7790/245)
Application Number	10/084,709
Filing Date	FEBRUARY 25, 2002
First Named Inventor	KEVIN R BOYLE
Group Art Unit	2821
Examiner	CLINGER, JAMES C

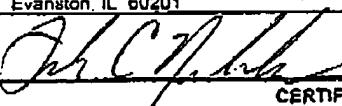
## ENCLOSURES (check all that apply)

<input type="checkbox"/> Amendment	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Alter Final	<input type="checkbox"/> Drawings	<input checked="" type="checkbox"/> Appeal Brief (dup)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Alter Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Post Card Receipt
<input checked="" type="checkbox"/> Three-Months Petition for Extension of Time Request (duplic)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Additional Enclosure(s) (please identify below).
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change or Correspondence Address	<input type="checkbox"/>
<input type="checkbox"/> Information Disclosure Statement, PTO-1449, an	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No 50-1713. A duplicate copy of this sheet is enclosed		
<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.138(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No 50-1713. A duplicate copy of this sheet is enclosed		

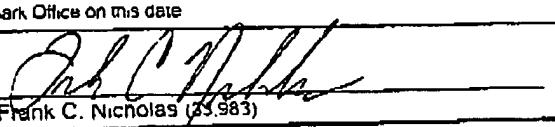
## CALCULATION OF FEE

					Small Entity		Large Entity	
	Claims After Amendment		Highest No Previously Paid For	Present Extra	Rate	Adj'l Fee	Rate	Adj'l Fee
Total		Minus		0	x \$9=	0	x \$18=	
Indep		Minus		0	x \$43	0	x \$86	
First Presentation of Multiple Dep. Claim					+\$145	—	+\$290=	
					total add'l fee	\$ 0	total add'l fee	\$

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name	FRANK C. NICHOLAS Registration No. 33,983 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201
Signature	
Date	January 7, 2004

## CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted by facsimile to (703) 872-9319 to the United States Patent and Trademark Office on this date	
Signature	
Date: January 7, 2004	
Signature	Frank C. Nicholas (33,983)
Date: January 7, 2004	